## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

087548-9003-00

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			70					RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	70 minus 20=		* 4	6		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	3 minus 3 =		* 9	8		X42=	*	OR:	X84=	
MU	LTIPLE DEPEN	RESENT					+140≃		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in colu			olumn 2		TOTAL		OR	TOTAL	OZF
CLAIMS AS AMENDED - PART II								SMALL E	NTITV	OR	OTHER SMALL I	
	COLOR STORY	(Column 1) CLAIMS	P. S. S. S. S. L.	(Colur HIGH		(Column 3)	1	SWALL	ADDI-		SWIALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		= "		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	5 01 4114	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENI	CLAIM		J	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)		ADDIT. I EE I			ADDIT. I LLI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM		1	X42=		OR	X84=	
	FINOT PRESE	INTATION OF IM	DETIFIED DEF	LINDLINI	CLAIM		J	+140=		OR	+280=	, , , ,
	•							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	*	(Column 1)		(Colur	mn 2)	(Column 3)				-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	- w	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	]	X\$ 9=	-	OR	X\$18=	
	Independent	* NITATION OF M	Minus	***	T CL AIM	=	4	X42≈		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE										OP.	TOTAL ADDIT. FEE	
***	If the "Highest Nu	mber Previously Pa hber Previously Pa	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."			ropriate box			